

## Saurashtra University

**Examination Department** 



Examination Form <b>BCOM SEM-2</b> (2)	<b>2019</b> ) <b>March-2024</b> Academ	nic Year: 2023-24
General Details:		••••••
Enrollment No: <b>002201</b>		
Surname:		Latest Photo
		Latest 1 noto
Name:		
Father's/		
Gender: Male / Female		
Applied for Degree No Categ	gory: GEN/SEBC/SC/ST	
Residential	Local Address	
Address		
Exam Type : Part	Answering Language GUJARATI	
Current Mobile No:1	Current Mobile No 2:	
Roll Number:	College Code: 19001	
Centre Code : 19/19001/Limbdi	Last Exam Appearing In: B.Com. S	Sem-2 (2019)
Enrollment No: <b>002201</b>		
Eligibility Certificate No: 0	Eligibility Certificate Date: N.A.	
Details of previous Exam: છેલ્લે આપેલ પરીક્ષાની વિગતો લખો.		
Exam: B.Com. Sem-1	Year/Sem: -20	
Seat No:	Result Pass / Fail . %	
Details of Courses: મારે આપવાના થતા વિષયોની માહિતી નીચે મુજ	બ છે.	
Course Group Course Name		
1.		
2.		
3. 4		
5.		
6.		
7.		
<b>8</b>		
🔲 I give my consent (સંમૃતિ) to keep above res	sidential address, mobile number and rule	es and regulation of
Saurashtra University, Rajkot & Sakhida College I	Limbdi and degree form purpose.	
<u></u>	Princip	oal
Student Sign		· <del>· · ·</del>
D 11 N 1		
Print By: 19001 Koll Number		
<u>તા.૨૭/૦૨/૨૦૨૪ના</u> રોજ કોલેજ વેબસાઇટમાં તમારૂ નામ અને ઉપરોક્ત વિષયો તમારે ફરજયાત તપાસી લેવા, <u>ખાસ સુચના</u> આપવામાં આવે છે.		
Saurashtra University	Exam Form Receip	ot
Student Name	<u> </u>	
Received Exam Fee Cash Rs. /- Da	te: / /2024 Exam: BCOM Sem-2	(2019) Roll No.
Sakhida College Cashier Signature:		